

CASE NAME: 	CASE NUMBER:
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7. Under the Indian Child Welfare Act and California law:

- a. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
- c. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- d. The date, time, and place of the hearing are shown on the first page of this form.
- e. If all other notices required by law have been given to an Indian tribe, that Indian tribe is encouraged to notify the Department of Social Services and the licensed adoption agency or adoption service provider, no later than five calendar days before the date of the final adoption hearing, whether it intends to intervene in the proceeding, either on its own behalf or on behalf of a tribal member who is a relative of the child.

INFORMATION ON CHILD WHO IS THE SUBJECT OF A VOLUNTARY ADOPTION PROCEEDING

Indicate if any of the information in items 8–18 is unknown or nonapplicable. Attach any information that may be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.

8. a. <input type="checkbox"/> Mother <input type="checkbox"/> Father	b. <input type="checkbox"/> Mother <input type="checkbox"/> Father
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

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9. a. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather	b. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:
c. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather	d. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

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--------------------	----------------------

10. a. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather	b. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

c. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather	d. <input type="checkbox"/> Maternal <input type="checkbox"/> Paternal <input type="checkbox"/> grandmother <input type="checkbox"/> grandfather
Name (include maiden name, married names, and former names or aliases):	Name (include maiden name, married names, and former names or aliases):
Current or last address known:	Current or last address known:
Date and place of birth:	Date and place of birth:
Tribe, band, and location:	Tribe, band, and location:
If available, enrollment number or BIA/tribal agency:	If available, enrollment number or BIA/tribal agency:
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11. ☐ Birth father is named on birth certificate. ☐ Unknown
12. ☐ Birth father has acknowledged paternity. ☐ Unknown
13. ☐ There has been a judicial declaration of parentage. ☐ Unknown
14. ☐ Other alleged parent (*name each*):

The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent.

15. Have you or any members of your family ever attended an Indian school? ☐ Yes ☐ No ☐ Unknown

Name and relationship to child	Type of school	Dates attended	Location of school

16. Have you or any members of your family ever received medical treatment at an Indian health clinic or U.S. Public Health Service hospital? ☐ Yes ☐ No ☐ Unknown

Name and relationship to child	Type of treatment	Dates treatment received	Location of treatment

17. Have you or any members of your family ever lived on federal trust land, a reservation or rancheria, or an allotment? ☐ Yes ☐ No ☐ Unknown

Name and relationship to child	Name and address	Dates living at this address

18. Tribal affiliation and location (*check any that apply*):

- a. ☐ 1906 Final Roll Name of relative: _____

The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Chickasaw, Creek, Cherokee, Choctaw, or Seminole ancestry from Oklahoma must provide the name of a relative who is listed on the Final Roll of 1906.

- b. ☐ Roll of 1924 Name of relative: _____

The Roll of 1924 relates to the Eastern Band of Cherokees, who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.

- c. ☐ California Judgment Roll Roll number, if available: _____

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CERTIFICATE OF MAILING**(To be completed by social worker, probation officer, or clerk of juvenile court)**

I certify that a copy of the *Notice of Agency or Independent Adoption Proceedings for a Possible Indian Child*, with a copy of the adoption petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, and bureau indicated below. Each envelope was sealed and deposited with the United States Postal Service at *(place)*: on *(date)*:

Date: _____ Title: _____

Department: _____

_____ (TYPE OR PRINT NAME)  _____ (SIGNATURE)

This form and any return receipts must be filed with the court.

List all persons, tribes, and agencies that were provided notice, with their full mailing addresses *(attach extra sheets if necessary)*: